HABILITATION, NURSING SUPPORTED GROUP HOME

Service Description HP16-00

Services provide a variety of interventions designed to maximize the functioning of persons with developmental disabilities. Services may include, but are not limited to: habilitative therapies, special developmental skills, behavior intervention and sensorimotor development.

The focus of this residential service is to meet the needs of <u>Division membersconsumers</u> that require continuous nursing intervention and/or nursing oversight. Nursing support is <u>included</u> to be scheduled in this group home on a 24/7 basis. The need for this level of nursing intervention will be determined by an assessment by the Division's Health Care Services Manager <u>or</u> designee. Direct service staff that does not possess nursing credentials will have primary responsibility for carrying out habilitative <u>outcomesresponsibilities</u> that do not require nursing.

Service Requirements and Limitations

- 1. This service <u>shall beis</u> provided to <u>memberseonsumers</u> in a residential setting that typically serves four (4) to six (6) <u>memberseonsumers</u> who require regular nursing intervention and/or oversight, each of whom has a <u>twenty-four (24-)</u> hour planned and defined schedule of nursing responsibilities. In addition, all supplies and equipment in support of nursing intervention and/or oversight must be on hand at the setting.
- 2. This service is not appropriate for <u>members</u>consumers who have only an unplanned intermittent need for nursing.
- 3. This service shall not be provided when the <u>memberconsumer</u> is hospitalized.
- 4. Theis Qualified Vendor providing this service shallmust have applied for and been also be awarded the service of Room and Board, All Group Homes, and shall at all relevant times be providing the service of Room and Board, All Group Homes.
- 5. This service is authorized for the day. A day begins at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the same calendar day. The Qualified Vendor shall only bill for aAn memberindividual who is present at 11:59 p.m. may be billed for that calendar day.
- 6. The Qualified Vendor shall not be relieved of its obligation to continue to serve a member when the needs of that member change and a reasonable accommodation can be made by the Qualified Vendor (e.g., staff training, environmental modification).
 - 6.1 When the member's needs change, the Qualified Vendor shall send written notice by email or facsimile to the member's Support Coordinator promptly [within one (1) business day] of the occurrence of any change. The Qualified Vendor shall be obligated to initiate a cooperative planning process with the planning team to update

and revise the member's planning document. The Division's Health Care Services staff will be involved when the change in need is medical in nature.

- 7. Transportation of the members to school, day programs, and employment services shall be are the responsibility of the residential habilitation provider. Other reasonable transportation within the community for the members is also the responsibility of the residential habilitation provider, including fees associated with transportation.
- 8. The Qualified Vendor shall meet the requirements of Arizona Administrative Code ("A.A.C.") Title 6, Chapter 6, Article 8.
- Provide room and board services.

Service Goals and Objectives

Service Goals

- 1. To provide a broad array of support services to promote the physical, emotional, and mental well-being of the memberconsumer.
- 2. To enable the <u>membereonsumer</u> to acquire knowledge and skills <u>and participate in and be a valued member of his/her community based on his/her own choices.</u>
- 3. To provide training and supervision for the <u>memberconsumer</u> to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her <u>own community</u>.
- 4. To develop positive relationships with others for the member for consumers and their families.
- 5. To provide opportunities for the members consumers to interact socially with others family, friends and in the community at large, including providing information regarding and facilitating access to community resources.
- 6. To assist the <u>memberconsumer</u> in achieving and maintaining a quality of life that promotes the <u>memberconsumer</u>'s vision of the future <u>and priorities</u>.
- 7. To assure the health and safety of all residents, including during transportation consumers.

Service Objectives

The Qualified Vendor shall ensure that the following objectives outcomes are met:

1. In accordance with each-<u>memberresident consumer</u>'s <u>planning document [e.g., Individual Support Plan ("ISP")]-processes</u>, develop <u>an individualized support plan, including</u>:

- 1.1 Establishing hHabilitation-related service-objectives/functional outcomes for the member based on assessment data and input from the memberconsumer and the member'sconsumer's representative(s) that will allow the memberconsumer to achieve his/her long term-vision for the future and priorities.
- 1.2 Developing Aa specific training/teaching strategy for each habilitative objective/outcome within twenty (20) business days after initiatingion of the service for a new placement and within ten (10) business days for or a continuing placement and whenever a new outcome is identified for the member. The specific teaching strategy for each outcome shall identify the, e.g., schedule for implementation, frequency of services, teaching strategies, data collection methods, and the steps to be followed to teach the new skill, etc.
- 1.3 Based upon the presence or absence of measurable progress, making Cehanges to specific objectives/outcome(s) and/or strategies, as agreed upon by the member's planning ISP team, based upon the presence or absence of measurable progress by the member.
- 2. As identified in each <u>memberresident</u> 'sconsumer's <u>planning document</u> ISP, provide a broad array of support services such as:
- 2.1 Assistance and training related to personal and physical needs and routine daily -living skills.
 - 2.2 Implementing strategies to address behavioral concerns <u>about the member</u>, developing behavior <u>supportintervention</u> programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans.
 - 2.3 Ensuring that the health needs of the <u>member consumer</u> are being met, including providing follow-up as requested by the <u>member's consumer's Pprimary Ceare Provider ("PCP") physician</u> or medical specialist.
 - 2.4 Implementing all therapeutic recommendations <u>for the member</u>, including speech, occupational, physical therapy and assisting <u>the memberconsumers</u> in following special diets, exercise routines, or other therapeutic <u>programsregimes</u>.
 - 2.5 Mobility training, alternative, or adaptive communication training, as needed.
- 2.6 General supervision to the <u>memberconsumer</u>.
 - 2.7 Opportunities for training and/or practice <u>for the member</u> in basic <u>lifeconsumer</u> skills such as shopping, banking, money management, access and use of community resources, and community survival skills, <u>etc.</u>

- 3. Develop, maintain, or enhance independent functioning skills for each resident membereonsumer in sensorimotor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
- 4. Assist each <u>membereonsumer</u> in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
- 5. Provide opportunities for <u>each member</u>eonsumers to participate in community activities and facilitate <u>members</u>'eonsumer utilization of community resources.
- 6. Arrange and plan for transportation to support each <u>resident member consumer</u> in all daily living activities, e.g., day treatment and training, employment situations, medical appointments, visits with family and friends, and other community activities, <u>etc.</u> Promote, as appropriate, <u>eachthe member's</u> acquisition of skills necessary to access community transportation resources.
- 7. Develop, at a minimum, a monthly on-site/community integrated schedule of daily activities for each member(s) and document member'sconsumer's direct input into the schedule. Daily activities and schedules are to be based on memberconsumer choice, developmental level, planning document ISP goals, and enrichment of life experiences. Allow for reasonable choice by members in activity participation and offer alternative activities. This schedule shall be available to membersconsumers, memberconsumer representatives, or others upon request.
- 8. Play an active role in ensuring that services <u>for members</u> are complementary with other involved entities, including day treatment and training providers, health care providers, and schools and are coordinated to meet the needs of the <u>memberseonsumers</u> served.
- 9. Ensure that needs which require nursing support are appropriately prescribed by a qualified and; licensed physician and that all professional nursing tasks are provided in accordance with the Arizona Nurse Practice Act, including the required supervision of Licensed Practical Nurses ("LPNs"). The Nurse Practice Act is comprised of both statutes and rules (Arizona Administrative Code) [.—Arizona-Revised-Statutes- ("A.R.S.") § 32-1602 et seq.; Arizona Administrative-Code ("A.A.C.") Title 4, Chapter 19].

Service Utilization Information

1. Utilization and authorization for this service will be determined based on the member'seonsumer's need for this particular service. The service may be revised as needs change. The Qualified Vendor is expected to reach an agreement as to the full direct service (including nursing support) supporting the site based upon the collective needs of all the residents. This process shall be a collaborative one that includes input from the Qualified Vendor, Division's District Program Management, and the Division's Health Care Services. Significant changes should be noticed to all parties.

- 2. Prior to initiation of this service and at least annually thereafter (and more frequently if required by the Division), a nursing support assessment shall be performed by the Division's Health Care Services—unit. Initial authorization and/or continuation of this service may also depend on the Arizona Health Care Cost Containment System's ("AHCCCS") approval of the cost-effectiveness plan.
- 3. The Qualified Vendor shall ensure sufficient staff is provided for the health and safety of each resident.
- 4. The Qualified Vendor shall notify the Support Coordinator Division of any and all members who are hospitalized within twenty-four (24) hours of admission. This includes members who are admitted to behavioral health facilities.

Rate Basis

- 1. Published. The published rate is based on one (1) day of direct service.
- 2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

- 1. Non-professional dDirect service staff shallmust:
 - 1.1 Have at least three (3) months' experience implementing and documenting performance in individual programs (specific training strategies);
 - 1.2 Have both three (3) months' experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance;
 - 1.3 Perform three (3) months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.
 - 1.14 Meet all of the staff qualifications, training, and responsibilities specified in Arizona
 Administrative Code ("A.A.C.") R6-6-808Title 6, Chapter 6, Articles 8 and 15. Meet all training requirements specified in Arizona dministrative ode (A.A.C).
- 2. Professional dDirect service staff shallmust:
 - 2.1 Be licensed <u>and trained</u> in accordance with Arizona law and rules (<u>e.g.,</u> Nurse Practice Act) to perform the skilled tasks and duties necessary to provide nursing support;
 - 2.2 Be supervised as required by Arizona law and rules (e.g., Nurse Practice Act); and

2.3 Obtain and maintain necessary <u>Primary Care Provider (PCP)</u>prescribing healthcare provider <u>physician</u> prescriptions and orders.

Recordkeeping and Reporting Requirements

- 1. The Qualified Vendor shall maintain a copy of the <u>member's planning document, including</u> the risk assessment, <u>ISP</u> on file and make it available to the <u>memberconsumer</u>/
 <u>family/memberconsumer</u>'s representative and to the/or Division upon request.
- 2. The Qualified Vendor shall submit the teaching strategies that were developed for the member's habilitative outcomes to the member's Support Coordinator for planning team review no later than twenty (20) business days following the initiation of service for a new placement and no later than ten (10) business days for a continuing placement and whenever a new outcome has been identified for the member.
- 32. The Qualified Vendor shall submit monthly individualized progress reports on the member, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives/outcomes, no later than the within tenth (10th) business days following of the close of the month to the member's consumer's Support Coordinator Division and the membereonsumer/family/membereonsumer's representative unless the member/member's representative has requested not to receive them. The Qualified Vendor shall refer to the Division's Provider Manual for guidance on report due dates and minimum content of the reports.
 - 3.1 At a minimum, the report shall include a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data that identifies the member's progress toward achievement of the established outcomes, and current and potential barriers to achieving outcomes.
- 43. The Qualified Vendor shallmust maintain on file memberconsumer attendance reports.
- 5. The Qualified Vendor shall maintain daily records on file asand proof of the number of hours worked by each direct service staff providing direct services to members, e.g. staff time sheets, equivalent document, or data system that complies with A.R.S. § 41-132.
- <u>64.</u> The Qualified Vendor shall provide <u>resultsmonthly reports</u> of all health care appointments <u>and results</u> to the <u>member's representative monthlyconsumer's representative</u>.
- 75. The Qualified Vendor shall ensure a log of personal belongings of members consumers served is maintained and continually updated, and made available to the Division, the member, and the member's representative upon request.

- 8. The Qualified Vendor will also shall maintain a ledger that accounts for the expenditure of all member funds used and submit a monthly accounting of expenditures per the individual spending plan to the member's consumer's representative payee.
- <u>96.</u> The Qualified Vendor shall maintain documentation that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.

